

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535930

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2							
3			1				
4							
5			1				
6							
7			1				
8			:				
9			1				
10							
11			1				
12							
13			1				
14							
15			1				
16							
17			1				
18							
19							
20			1				
21							
22			1				
23							
24			1				
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26			1				
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28			:				
29							
30			1				
31							
32			1				
33			1				
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48							
49							
50							
TOTAL IND.			27				
TOTAL DEP.			45				
TOTAL CLAIMS			75				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							